

CITY OF MARION

Reconciliation of License Fee Withheld

During Year Ended 20____

Prepare in Duplicate.
 Mail Original To:
 City Treasurer,
 City of Marion,
 City Hall,
 Marion, KY 42064
 (270) 965-4177

To be filed with the Fourth Quarter Return by January 31, 20____, or with the
 FINAL Quarterly Return of the closing of any business, either by sale or dissolution.

EMPLOYER'S NAME, ADDRESS AND ACCOUNT NUMBER

HOW TO RECONCILE YOUR PAYROLL AND WITHHOLDINGS
 Enter under TOTAL PAYROLL the quarterly totals of all compensation paid all employees. Deduct any payments for services performed outside Marion and enter balance in SUBJECT PAYROLL column. SUBJECT PAYROLL includes all compensation, i.e., Vacation and Holiday pay, tips and gratuities.
 Enter below for each subject employee, the Social Security number, name and address, and zip code; total compensation paid and amount of Marion license fee withheld. Attach additional sheets of this same size if space requirements are inadequate. Employers desiring to submit copies of W2 forms or other type listings which provide the required information may do so in lieu of the listing form below. When submitting W2 forms, complete this reconciliation and attach it to the top of the stack. An added matching tape, listing the amount of license fee withheld as indicated by individual employee's statements, should be attached.

	TOTAL PAYROLL	SUBJECT PAYROLL	LICENSE FEE WITHHELD
1. 1 st Quarter ended Mar. 31.....\$		\$ x ¾ of 1% =	\$
2. 2 nd Quarter ended June 30.....		x ¾ of 1% =	
3. 3 rd Quarter ended Sept. 30.....		x ¾ of 1% =	
4. 4 th Quarter ended Dec. 31.....		x ¾ of 1% =	
5. TOTAL ALL QUARTERS.....\$		\$	\$
6. Actual withholdings remitted for the year.....\$			\$
7. Difference between Lines 5 and 6 (if any, check applicable block below).....\$			\$
<input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due). <input type="checkbox"/> Difference indicated insufficient total remittance for year. Check in payment attached. <input type="checkbox"/> Difference indicates overpayment not attributable to fractional variations. Full explanation and claim for refund is attached.			
8. Number of employees _____	Signature _____	Title _____	Date _____

Social Security No., Name and Address of Employee	Gross Wages Paid	Taxable Wages Paid	License Fee Withheld
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